(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation 6) ."" "Deal-Grocery

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospikal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping American Medical Association.) perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease; Always qualify all Measles;

PLACE OF DEATH  COUNTY LETTING  (No. 30   CERTIFICATE OF DEATH  Registration Dist. No. 33.3  Village or City Lawring (No. 30   State of Mary Land)  St. 3. Ward) a hospital or institution	(II)	Vs.	
Registration Dist. No. 30.0  Willage or City Sharing (No. 30.0  Ward)  PERSONAL AND STATISTICAL PARTICULARS	H X S.	11/1/11	0000
PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OR RACE   SINGLE MARRITULARS    WINDOWED MARRITULARS   16 DATE OF DEATH    O DATE OF BIRTH   199/ (Year)    O DATE OF BIRTH   10 DATE OF BIRTH   17   1 HEREBY CERTIFY, That I attended the deceased from 1228, to 0, 199/ (Year)    I HEREBY CERTIFY, That I attended the deceased from 1228, to 0, 199/ (Address)    The CAUSE OF DATE of BIRTH   10	# 19 H		722
3 SEX 4 COLOR OR RACE   5 SINGLE MARRIED MARNIED MARRIED MARRI	i i	, Village of City	tion, give its NAME in- stead of street end
MARIED, WIDOWORKED (Winte the word)  1928 . to Cy 1928 . to 1928 .	Tated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE    Manage   Mana	ANE ANE	kmole While Willowed Married OR DIVORCED (Write the word)	(Month) (Day) (Year)
OCCUPATION (a) Frace, profession or particular kind of work work (b) Frace, profession or particular kind of work (b) Frace, profession	E C	01 97 01	0 : 12 31
OCCUPATION (a) Frace, profession or particular kind of work work (b) Frace, profession or particular kind of work (b) Frace, profession	FOR IS A	(Month) (Day) (Year)  7 AGE  If LESS than	and that death occurred on the date stated above, at 8369m.
particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular stable of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (b) General nature of industry  beginness, or establishment in  which employed or (employer).  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  (Siste or country)  Defending the particular kind of work  Siste or country)  Siste the Disease Country Death, or, in deaths from  Violent Causes, etake (1) Means of Injury and (2) Whether  Violent Causes, etake (1) Means of Injury and (2) Whether  Copy (Siste or country)  Defending the particular kind of work  Siste or country)  Siste the Disease Country Death, or, in deaths from  Violent Causes, etake (1) Means of Injury and (2) Whether  Copy (Siste or country)  Siste the Disease Country Death, or, in deaths from  Violent Causes, etake (1) Means of Injury and (2) Whether  Copy (Siste or country)  Siste the Disease Country (2)  Whether as the particular kind of the particular kind of the particular kind of the particular kind of the particular	THI	yrs. 8 mos. 2 ds. or min.?	my ocastic Drufficery
11 BIRTHPLACE OF FATHER (State or country) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Addres	INK-	(b) General nature of industry	The state of the s
11 BIRTHPLACE OF FATHER (State or country) (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Addres	FADI be ca	- accept	Secondery
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 Filed Mm. / 1923/. F. May Junior Registrar,  15 Filed Mm. / 1923/. F. May Junior Registrar,  16 State or Country Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PMCE OF BURIAL OR REMOVAL  (Address)  15 Filed Mm. / 1923/. F. May Junior Registrar,  16 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PMCE OF BURIAL OR REMOVAL  Address)  15 Filed Mm. / 1923/. F. May Junior Registrar,  16 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of death?  Former or usual residence.  19 PMCE OF BURIAL OR REMOVAL  Address)  10 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  20 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  19 PMCE OF BURIAL OR REMOVAL  19 PMCE OF BURIAL OR REMOVAL  20 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  20 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  20 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  21 Junior Male State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  22 Junior Male State (1) Means of Injury and (2) Whether Accide	> 5-		4/ >1 1-0"1 Jul.
OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (A	TIT SE	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Add	The state of the s	of Mother Hancy Carey.	ients or Recent Residents)
(Informant) Mines H. Betts  (Address 16 Elizabeth & Saluspay  (Address 15 Filed Mrs // 1923/. V. May Juniels.  Registrar;  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  JAMES 15 Filed Mrs // 1923/. V. May Juniels.  Registrar;  Holoway F. C. Saluspay H	d Single	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
Filed yn 1/ 19201. F. May Juriel Golloway & Salishy Hld.			if not at place of death?  Former or usual residence.
Filed yer // 19201. P. May Juriels Holloway & Co. Salishy Hld.	Every CIAN	(Address) 06 Elizafett & Daliefus	Fanul Hillem Del. agril 12, 131
	N.S. Z.	Filed yur // 19201. V. May Mally. Registrar	Holloway & Co. Salishy Hd., 16 W. Saretoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH County Wicomico should Jo Quantico Village or City\_\_\_\_ Length of residence in city or town where death occurred vrs. I a.mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. PHYSICIAN 2. FULL NAME Elizabeth E. Bounds (a) Residence: Np. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White Vidowed BINDING 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of George W. Bounds 6. DATE OF BIRTH (month, day, end year) Dec 22 T859 7. AGE Years Months If LESS than Days FOR 1 day, . . . hrs. or .... min. 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. MARGIN RESERVED may back 9. Industry or business in which plnods work was done, as SILK MILL. SAW MILL. BANK, etc. Oate deceased last worked at 11. Total time (years) spant in this this occupation (month and that occupation ... 12. BIRTHPLACE (city or town) ..... (State or country) FATHER Thomas R. Ralph 13. NAME 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER Nancy Wheatley 15. MAIDEN NAME important 16. BIRTHPLACE (city or town)\_\_\_\_\_\_Md (State or country) OF DE Hilda D. Bounds should 17. INFORMANT (Address) Quantico, Md. 18, BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Place Mardela, Md Date April 34 Jo931 NOIL 19. UNDERTAKER W. D. Gravenor & (Address) Sharptown, If so, specify \_

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERTIFY. That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Other Coatributory Causes of importance: Name of operation 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Oate of Injury\_\_\_\_\_ 19\_\_\_\_ Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li i	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY B 1911	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RITAN	July 5,1927	Peritonitis	3 days ago	
	Line .				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED FOR

S. S. No. 1

PLACE OF DEATH .	05036 STATE OF MARYLAND
County Williamico	Po CERTIFICATE OF DEATH
Gast.	Registration Dist. 100
1/3/	Braiskur (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Widowed  Water White Write the word)	16 DATE OF DEATH Office >9, 1927/ (Month) (Day) (Year)
December 20, 1896	17 I HEREBY CERTIFY, That I attended the deceased from July 8, 1930. to Afril 29, 1931,
(Month) (Day) (Year)	that I iast saw h M alive on aful 29, 1921,
7 AGE If LESS than	and that death occurred on the date stated above, at 2
34 yrs. 4 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
B DCCUPATION	Pulmany tubuculnis
(a) Trade, profession or particular kind of work Walerman	22.07 ( 1.27)
(b) General nature of industry business, or establishment in	7/0/////// 4
which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Many Court	Contributory Secondary  (Duration) yrs 6 mos ds.
ID NAME OF THE THE STANDARD BEAUSKAN	Of . o. 1) &
11 BIRTHPLACE	april 29, 1971 (Address) Salisbruy, M. d.
OF FATHER  (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ellen Bradshaw	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrs_/_0mosds. In the Statersmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Cuisfield. Ml.
(Informant) Tohro a Bradshari	Former or usual residence Cusfiele My.
(Address) Crisfield, Ind.	Jeton Md May 1, 1931
Filed agr. 29 1923/ G. May Turne Registras	Ohn a Bradshaw Crisfieldy
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Stationary fireman, etc. For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

1931

data is essential and permanently filed.

answered in detail, it will prevent further correspondence.

must be obtained before the certificate is

telanus) may be stated under the head of "contributory." rearbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and a'l questions Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory

	1PLACE OF DEATH	05037 STATE OF MARYLAND
	County W Comico	CERTIFICATE OF DEATH
370	llage or City Salisbury med (No. Peninsula (	Registration Dist. No. 333
VI	2FULL NAME a lorge andrew	General Hargestal St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	
		MEDICAL CERTIFICATE OF DEATH
3 5	male While Single, Marieo, Widowed.  While Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH Which 30 , 1931
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	1. mouseur	march 26 1931 to 9614 30 , 1931,
	(Month) (Day) (Year)	that I last saw ham alive on booking, 1931,
7 /	If LESS than I day	and that death occurred on the date stated above, at
	yrsds. ormin.?	A //
	a) Trade, profession or	Influence confileated by abdame
EN INC.	articular kind of work	abson
Ь	b) General nature of industry susiness, or establishment in	(Durstion) Oscalium de de
	which employed or (employer)	Contributory Lessis
9 8	(State or country)  Maryland	Secondary (Durstion) Mafery Tros. ds.
	10 NAME OF FATHER Mr. June Busch	(Signed) M. D.
NTS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
E S	(State or country) Unknown 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos. 4 de State Russimos de.
-	(State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, frankle lit not at place of dea h?
14	(Informant) Pen yen. Yoshilal	Former or usual residence from for hull
	(Address) Solisbury md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wife 2, 1931
15	Filed apr 30 1931. De May Turner	20 UNDERTAKER RIMIR SAMESS
-	Registra	The state of the s
11	if more blanks are needed, addre. 8 Ltate Negistrar	, 16 W. Saratoga/St., Balto., Requesting V. S. V.d. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to knew (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the pisses causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosi, inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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Statement of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Cause of Peath—Name, first, the Dispersion of Cause of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

MAY A 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	xample I		Example II		
The principal cause of de of importance were as follows:	ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 5 BS1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	FDEATH				U	041
	Wicomico			(57)	Registration Dist. No. 330	
	ity Mardela			And the same of th		
		leeth occurred			St., Nor institution, give its NAME instead of street a n U.S. If of foreign birth?yrs	
2. FULL NA	ME Levin Das	shields				
	ce: No.	(Usual place	of abode)	St., Ward	If nonresident give city or town	and State
PERSON	AL AND STATIST			MEDI	CAL CERTIFICATE OF DEATH	1
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE MAY	RIED, WIOOWED.  D (write the word)	21. DATE OF DE	April 20 (Month) (Oay)	, 193 1 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced Millie Da	ashields	5	1	REBY CERTIFY, That I etten	
6. DATE OF BIRTH	month, day, end year)	Feb. 16.	1885	I last saw h ali	ive on, 19	; death is said
7. AGE Yea 46		Oays 4	If LESS then 1 day, hrs. ormin.		dete stated ebove, atm. COF DEATH and releted causes of importence	
8. Trede, profes	ssion, or particular	- 2	01	were es follows.	**	Date of onset
SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc.			no	doctor	
9 Industry or work wes	business in which s done, es SILK MILL, F <sup>t</sup> & L, BANK, etc.	armer				about
0. Oete decees	L, BANK, etced last worked at pation (month and	11. Total t	ime (years) nt in this upation	RHEUMA	TISM	
12. BIRTHPLACE (cit (State or cour	y or town) Md			Other Contributory Cause	ses of Importance:	
13. NAME	Frank Dash	nields				
13. NAME 14. BIRTHPLACE (State or	(city or town)Md			Name of operation	Oate of gnosis? Wes there	
15. MAIDEN NA	ME Matilda	Allen			xternal causes (VIOLENCE) fill In also the folio	
	(city or town)Md				micide? Oate of injury	-
17. INFORMANT (Address)	Will Dah	sields ela, Md	•	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		State) PLACE.
18. BURIAL, CREMAT						
19. UNOERTAKER (Address)	W. D. Grave Sharptown	enor, &	Bro.	24. Wes disease or Injury	y in eny wey releted to occupation of deceesed?	
20. FILED 4/2	/ 1931 Jne Bep. L		rmstrong Registrar.	(Signed) (Ardress)	Wasdele Spring	Drol.

orig not signed

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, pane other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroer 1 year IYSICIAN ADDITIONAL SPACE FOR FURTHER STATEMENT

PLACE OF DEATH	0504 STATE OF MARYLAND
County Micomico	CERTIFICATE OF DEATH
THE TO BE OF COME AND ASSESSED OF THE PERSON	Registration Dist. No. 330
Village or City Salus (No.	Ward)  Ov. Agh & Bush St.: 9 Ward)  A hospital or institution, give its NAME is stead of number.)
PERSONAL AND STATISTICAL PART	ICULARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWEL OR DIVOR	ICED 1921
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the daceased from
Chane 16	1849 195 . 10 gring 26 , 1003
(Month) (Day	(Year) that I last saw him alive on and 26, 1997
7 AGE	If LESS than and that death occurred on the date stated above, at
6/ vrs. /0 mos. //	ds. or min.? C' my occardial Hunflury
8 OCCUPATION A	as of the second
(a) Trade, profession or particular kind of work Market	mute, beden
(b) General nature of industry	A Land Add Assert
business, or establishment in which employed or (employer)	(Duretion) yie, mosd
9 BIRTHPLACE (State or country) Maryl	Contributory Secondary  (Durstion) TIS MOS A
10 NAME OF STATE OF S	(Signed) / States R Manue M. 1
OF FATHER (State or country)  (State or country)	State the Disease Causing Death, or, in deaths from Viokent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Reference	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mauflu	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KN	OWLEDGE if not at place of death?
(Informant) Mr. Mervyw .	Willia usual residence.
(Address) Salishu	1 Md - Parsons Cerutery april 28. 1937
15 Filed agn 28 1923 1. & 20	June 20 UNDERTAKER  ADDRESS  A
If more branks are neaded, add	rous State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Whooping unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. affection need valvular heart The contributory Always qualify all "Haemorrhage, " Shock, Measles; disease; not be

state 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_ds. How long in U.S. if of foreign birth?\_\_\_ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5e. If married, widowed, or divorced HUSBAND of L 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate Deys to have occurred on the date stated ebove, et.\_\_\_\_\_m 7. AGE Months If LESS than properl Years 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Date of onset 8. Trede, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which should work was done, as SILK MILL, CUI SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy?\_\_bax carefully MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_ . CAR Date of injury... 16. BIRTHPLACE (city or town) (State or count) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT shortld (Address) 0 18, BURIAL, CREMATION. WRITE mation . r. . ascond TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED CL Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-6 The ques-Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles;

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oetion applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Plunter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, laborer Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a mork, or At Home, and children, not gainfully emgaged in domestic service for wages, as Sermut, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Parmer (rewhatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobike factory. The Locomotive engineer, (b) Grocery; material

Statement of Cause of Death—Name, first, the Discasse Causing Death (the primary affection with respect to time and causation), using always the same arcepted term for the same disease. Examples: "crebravinal ed term for the same disease. Examples: "Epidemic ecrebration of the only definite synonym is "Epidemic ecrebrations," in all meningitis"); Diphtheria (avoid use of "Cruppedia"); Typhoid feet (never report "Typhoid Ineumonia"); Lober precumonia, Bronchopneumonia ("Pneumonia");

BUREAU

.Chronic interstitial nephritis, . .... (name origia; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of unqualified, is indefinite); Tubcrculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; stated unless important. (secondary or intercurrent) affection need not be Whooping "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. or as probably such, if impossible to determine definitely. accident; Revolver wound of head—homicide; Poisoned by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, helanus) may be stated under the head of "eontributory." curbolic acid-probably suicids. The nature of the injury, Examples: Accidental drowning; Struck by railway trainapproved by Committee on American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular Nomenclature of the heart disense;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate in

@ permanently filed.

act act	PLACE OF DEATH	05046 STATE OF MARYLAND
图 注函	County//www.co	CERTIFICATE OF DEATH
SSIFIED	Village or City Salishing (No. 207 El	Registration Dist, No. 333
d EXAC	2FULL NAME Enl Wulane	tion, giva its NAME in stand of street an number.)
T ate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st b be pr ack of	Male White Single, Married Widowed. Marie OR Divorced (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
A PERM SE shoul	6 DATE OF BIRTH  Aug. 12, 1999  (Month) (Day) (Year)	that I last saw has alive on 1923.
HIS IS ACTION AC	7 AGE  3 / yrs. 7 mos. 2 3 ds. or min.?	and that deeth occurred on the date stated above, at 245 ar me The CAUSE OF DEATH * was as follows:
KTI	occupation (a) Trade, profession or particular kind of work	Likeculored
NG IN refully in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos d
FADIN be car	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duffingh)
H UN H.	10 NAME OF FATHER PAPER FLIGGE	(Signed) (Address) Afgra
ation s	OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Informa state ccupA	OF MOTHER ROSA PARSON  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Racent Residents)  At place In the State yrs ds. State yrs ds.
7 - 50	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
RITE F	(Informant) Hester H. Friggs	Former or usual residence
WR Every it CIANS	(Address 207 Elizabeth Street Sality	Parsons Com Speil 7. , 103
8.	Filed apr 7 1923/ L. May Jurine Ragistrar	Hollowy + Co. Salshing Ad
1/2	If mora bianks are neaded, address State Registrar	, 16 W. Saratoga St. Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day not gainfully em-

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American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory Nomenclature of the

	PLACE OF DEATH	05047 STATE OF MARYLAND
1	County (1) (E (SULLED)	CERTIFICATE OF DEATH
	C 20.1. 11.0 Da	Registration Dist. No. 33.3
Vil	llage or City Suls Tun (Nolld, 10	1-3 Out Mary Ment Chespital or institu
	2FULL NAME BODY GOOD	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  OR DIVORCED  (With the word)	16 DATE OF DEATH 7 3 , 1923 (Month) (Day) (Year)
6 1	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	4-2-,1931	192 192 1928
-	(Month) (Day) (Year)	that I last saw h hamalive on
7 /	If LESS than	The CAUSE OF DEATH * was as follows:
10	yrs, mos. ds. or min.?	( Biss Com
1 (	a) Trade, profession or articular kind of work	Junalin College
10	b) General nature of industry	yearns no question de la
	ousiness, or establishment in which employed or (employer)	(Duration) yts. mos de,
9 8	SIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF HOLY ON Grallow.	(Signed) M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disesse Csusing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER WASLIE & When stain	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) Very Gent Hospital	Former or usual residence
	(Address) Salisbury, Ind.	Removed to Par april 5, 1031
15	Filed Agri 3 1981. V. May Turner	The Hill & Johnson Salisbury
	If more banks are needed, addre.a Ltate Negistras	r, 16 W. Saratoga St., Bulto., Kequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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	ate		CERTIFICATE OF DEATH 05048
0	ould state	1. PLACE OF DEATH  County / COVINCED	Registration Dist. No. 330
7	sh sh	Village or City Maratla,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Yery IANS nent	Length of residence In city of town where deeth occupred Africa	ds. How long In U.S. if of foreign birth?
	CORD. Every i PHYSICIANS act statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	ECORD PHYS xact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	YT RE	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married Married Married (write the word)	21. DATE OF DEATH April (Month) (Oay) 193/(Yeer)
DING	MANEN A C T I	5e. It married, widowed or divorced HUSBANO of JEnfamin H. Fraham	22. I HEREBY CERTIFY, That I attended decaased from  193, to april 193
BIND	EX Clarite.	6. DATE OF BIRTH (month, day, and yeer) Sept. 24. 1885	I lest saw har alive on again 19 3/; death is sald
OR	IS A PE stated E properly certificate.	7. AGE Yaers Months Oays If LESS than 1 dey, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
DE	be stale be pro	8. Trade, profession, or perticular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Carsino of Briand Company Date of onset
RVE	VK—TH should b it may b n back o	9. Industry or business in which work wes dona as SILK MILL.	To Bungs and Ervier 1925
RESER	Sh it sh	10. Oata deceesed lest worked et Max   11. Total tima (yeers) this occupation (month end spent in this	
	NFADING I	12. BIRTHPLACE (city or town) Tribonico, Coo	Other Contributory Causes of Importence:
II.	AD d. s, s	(State or country)	1
RC	NF plie rms nst	13. NAME / Tilliam S. Nalter	
MARGIN	sup in to See	14. BIRTHPLACE (city or town) Wilomise. Ce.  (State or country) &	Neme of operation Angeloling of Annual Oate of 1929
	5 = 7	15. MAIDEN NAME Comma Dailey	What test confirmed diagnosis? Was there an autopsy?
	LY, WITI carefully TH in pla	15. MAIDEN NAME Comma Vactey  16. BIRTHPLACE (city or town) Francisce to  (Stata or resultry)	Accident, suicide, or homicide?
	in Ba	17. INFORMANT DENJAMINA A Fraham (Address) Masdela,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	LE SI ISI ISI IS	18. BURIAL, CREMATION, OR REMOVAL Plece / Caro Ela. Oata Copsil 4, 1931	Manner of injury
10.1	I FOR	19. UNDERTAKER IT N. Fraverior HDrs. (Address) Sharblower.	24. Wes disease or injury in any wey releted to occupation of deceased?
V.S.N	Z B	20. FILEO-4/4 , 19/ 19/8 (2 ) Registrary	(Signed) JAN R M. D.  (Address) Datislary M.
T		If more blanks are needed; address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of deat of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	May 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAL V.	July 5, 1927	Peritonitis	3 days ago
	• • • • • • • • • • • • • • • • • • • •	, , ,		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY & 1635	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
Name of the second seco			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO. WIDOWEO, OR DIVORCED (Month) Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE IIf LESS than The CAUSE OF DEATH \* was as follows: ds. or min.? & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) ....yis...... m':s.... which employed or (employer) Contributory 9 BIRTHPLACE (State or country) very 10 NAME OF 11 BIRTHPLACE OF FATHER CAUSE \*State the Discase Causing Death, or, in deaths from ENT Violent Causes, state (1) Means of Injury and (2) whether (State or country Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME te LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-⋖ 4 state CCUP/ ients or Recent Residents 13 BIRTHPLACE State yrs. mos. ds. 0 Where was disease contracted, if not at place of death? usual residence... DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The questhe first line will be sufficient, e.g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. definite salary), may be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only tired 6 yrs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. whatever, write None. Howsemaid, etc. If the occupation has been changed barer, Farm laborer, Laborer—Coal mine, etc. Wom-Forcman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-10 At Home, and children, not gainfully emwithout more precise specification as Compositor, (a) the kind of work and also (b) the Stationary fireman, etc. But in many For persons who have no oecupation (not paid Housekeepers who rcceive a Automobile factory. The material Architect, Locomolive engineer, (6) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic volvular Chronic interstitial nephritis, etc. Ti unqualified, is indefinite); Tuberculosis of lungs, men-"Iraemia." "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "PUERPERAL septicaemia," "PUERPERAL perilonilis," elecan be ascertained as the cause. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by rodway train-American Medical Association.) (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," for malignant neoplasms); Measles, The nature of the injury, The contributory Always qualify all heart disease;

	te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH	F 1
_/	a of infor- ould state OCCUPA-	A. PLACE OF DEATH	(131)	91
	should occ	County Meoryego	Registration Dist. No. 33	
X	sho sho	Village or City Salishury	No lenursala / Kospilar /	3 Ward
	1. 10	Longth of residence in city or Jown where death occurred/yrs,mos.	death occurred in a hospital or institution, give its NAME/instead of street and num	iber)
X	CIAL	2. FULL NAME Elna Mae Will	2	
Z	ED. Every YSICIAN statement	(a) Residence: No. / W. Church St Salesbu	Ward.	250
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta	ite
	RECC PF Exact	3. SPA 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
9	T. Y	Cenale Stlike) OBOIVORCED (Turke the world)	(Month) (Day)	93.
NG	NEN C T I ified.	5a. If married, widowad, or divorced HUSBAND of A.		(Year)
DI	A A ass	(or) WIFE of Hury Hill	22. HEREBY CERTIFY, That Lattended dac	eased from
BIN	EX EX cl	6. DATE OF BIRTH (month, day, and year) Sept 3 1901	I last saw her elive on The 3/ 193/d	leath is sal
83	7	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at	
FOI	IS A PE stated E properly ertificate	7 0 1 day, his. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
	IS I	8. Trede, profassion, or particular kind of work done, as SPINNER, A Thomas SAWYER, BOOKKEPER, etc.	11	alia
VED	TH Id H		Thronie me-	Hm 21
ER	VK—T should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	from 45, surty an acute place	· 4.
RESER	H H T O	10. Date dacaesed last worked et this occupation (month and year)	p of four or freday.	
	NFADING I pplied. AGE erms, so that instructions o	no o	Other Contributory Causes of importence:	
GIN	ADID d. s, so ructi	12. BIRTHPLACE (city or town) (State or country)		
RC	NF.	13. NAME Jan 21. Viley		
MA	y sup ain to See	14. BIRTHPLACE (city or town)	Name of operation	
	TI II	(State of Country)	What tast confirmad diagnosis? Was there an eu'o	psy?
•	a i e	15. MAIDEN NAME Kasterise Gline	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
	AINLY, d be car DEATH y import	(Steta or country)	Accident, suicida, or homicide? Date of injury Where did injury occur?	_, 19
	AIN d be DEA	17. INFORMANT HARRY Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
	Should OF D	(Addrass) Salitakung Md.		********
	四一日 一日 一日	18. BURIAL, CREMATION, OR REMOVAL Blowing Place Albard Do Date 16/8/19	Menner of injury	
	-WRITE mation a CAUSE TION is	of Will & Walnut Co	Natura of Injury	
No. 1	TCH	19. UNDERTAKER Salislued, Mars.	24. Was disease or injury in any way related to occupation of deceased?	
Zi Zi	8 7	20. FILED apr 6, 1931. It may Turner	(Signad) A A A A A A A A A A A A A A A A A A A	М.
7-	<b>(2)</b>	Registrar.	(Addrass Alystrong / 1)	4
-		If more blanks are needed, address State Reputrar	2411 N Charles Street Relimning Requesting 91 C No.	

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Gallstones	,	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Fublic Health Association.)

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	200	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	14.71	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURBAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05056
1. PLACE OF DEATH	
County Wicquiso	Registration Dist. No. 333
Village or City Salsbury	No. St., T. Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
11/2 00 0	cales
(a) Residence: No. (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (wrighte word)	21. DATE OF DEATH apr. 22 /93/
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) apr 22, 1931	I lest saw h alive on
AGE Years Months Days tf LESS than I dey	to heva occurrad on the date steted ebova, atm.
orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	
S I Take, procession, or particular,	0,000
10. Deta decessed last workad et this occupation (month end yeer) occupation occupation	about 4/2 mos.
12. BIRTHPLACE (city or town). Salisbury	Othar Coutributory Causes of Importence:
(State or country) Jud.	
13. NAME William Croey.	
13. NAME William Urvey.  14. BIRTHPLACE (city or town)  (Stata or country)	Neme of operation Oete of
15. MAIDEN NAME Jesse Licales	Whet test confirmed diegnosis?
	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (Steta or country)	Accident, suicide, or homicide?
17. INFORMANT Sarah Stegrant St. Manu St.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Salisbury, Mid. Pleca Pausons Celus Dete apr. 23, 1931.	Menner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Mo. 1.

Registrar.

If so, specify (Signed)

24. Was diseesa or injury in any way releted to occupetion of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial headerths (A ) V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	may	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. HAY 0 1931	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephra	ilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BULEAU	July 5,1927	Perilonilis	3 days ago
	de-approximate approximate app			
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Hastroenteritis 44	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Stritement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to the time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Mcusles; approved by Committee on Nomenclature of the teanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepois, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi

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fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). er," etc., without more precise specification as Laborer, Rann laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Willowife Registration Dist. No. 23 cate. (If death occurred in St.: Ward) a hospital er institution, give its NAME in-stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED, WIDOWED. OR DIVORCED (Write the word) (Month)-I HEREBY CERTIFY, That Jettended the deceased (Month) (Day) (Year) and that death occured on the date stated above. 7 AGE If LESS than I day hrs. The CAUSE OF DEATH \* was as follows: mos. 1 46 ds. or min.? 8 OCCUPATION ERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) ..... which employed or (employer). Contributory MARGIN 9 BIRTHPLACE Secondary 10 NAME OF \*State the Discase Causing Death, or, RENT \*State the Discase Causing Death, or, or deaths from Violent Causes, state (1) Means of Injury and (2) whether (State or cound Accidental, Suicidal or Homicidal. state C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death y18.....mos... State. yrs..... mos..... (State or cou 0 0 Where was disease contracted, of 3 TO THE BEST OF MY KNOWLEDGE if not at place of death? 20 usual residence. හ Every it CIANS stateme DATE OF BURIAL 20 VINDER If more blanks are needed, address State/Registral, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupition is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, (b) Cotton mill; (a) Salesman. (b) worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the er," etc., household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housegaged in domestic service for wages, as Scrumt, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed business, that faet may be indicated thus; Farmer (rewhatever, write None. Foreman, For many occupations a single word or term on Furm luborar, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The For persons who have no oecupation material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted the entry of the same disease. Examples: ('erchrospinal fever (the only definite synonym is "Epidemic cerebross in all meningitis"); Diphtheria (avoid use of "Croup"), sinal meningitis"); Diphtheria (avoid use of "Croup"), Typhioid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinomu, Sarconua, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; stated unless important. Example: Measles (disease Chronic interstitial nephritis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary Whooping cough; "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Puerperal seplicaemia," "Puerperal perdoulis, diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was underor as probably such, if impossible to determine definitely. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, approved by (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) Committee on Nomenclature of the Chronic affection need not be etc. mirular heart discuse; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (o) Salcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foremon, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Grocery;

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Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia carebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (navor report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

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A the	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	(3)
N of info	County Micoraico	Registration Dist. No. 9 333
// F .E	Village or City Salishuu	No 309 This St Warr
/ == 0	(1)	death occurred in a hospital or institution, live its NAME instead of street and number)
Every SIANS ement	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds
Every YSICIANS	2. FULL NAME Caveria Clinakes	Paisns
SI SI	(a) Residence: No. 309 Negal	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
X E	PERSONAL AND STATISTICAL PARTICULARS  3. \$470  4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
J. S. E.	OR DIVORCED (write the word)	21. DATE OF DEATH USUL 8
T.L. ed.	5a. If married, widowed, or dispreed	(Month) (Day) (Year)
4 70 4	HUSBAND of (or) WIFE of	22 1 HEREBY CERTIFY, That attanded deceased from
ND NA NA Ias	Jun 9. Fairs	March 22,931 lefter 500 1836
BINDI ERMAI EXAC y classi te.	6. DATE OF BIRTH (month, day, and year) aug. 18, 1867.	I last saw har alive on the sale
	7. AGE Years Months Days If LESS than	to have occurred on the date state ebove, at 130 A-m.
FOR IS A I stated properl ertifica	68 7 YO 1 day,	The PRINCIPAL CAUSE OF DEATI and related causes of importance ware as follows:
- 70	8. Trade, profession, or particular	Date of onset
Hado	SAWYER, BOOKKEEPER, etc.	Hemapleon 724
ERV K-T hould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	10
RESER G INK—GE shou that it mans on ba	10. Data deceased last worked at 11. Total time (years)	
RES VG IN AGE that	this occupation (month and spent in this occupation	
Z	to pipting and the same of the	Other Contributory Causes of importance:
MARGIN UNFADI supplied. ir terms, so	12. BIRTHPLACE (city or town) (State or country)	Ott 1 = 12 -10 This
RG VF/ office rms nstr	E 13. NAME ROSO Big & O. Des Kings	Televille - Joseph
MARGI UNFA supplied r terms, ee instru	13. NAME / Lese Deal . / Makings	Name of assisting
TH at Se	(State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
日月日 司	15. MAIDEN NAME MALLY C. Neghins	23. If death was due to external causes (VIOL ENCE) fill In also the following:
INLY, W be careful EATH in important	15. MAIDEN NAME May C. Naching	Accident, suicide, or homicide?
PLAINLY, hould be car OF DEATH very imports	(State or country) Allegarare	Where did injury occur?
DEA'	17. INFORMANT May b Gy Paisas.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Salishum, M.	The state of the s
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on s SE N is	Place Salighung Rabate 4/10/3/,19	Nature of injury
WRITE  -WRITE  CAUSE  TION is	19, UNDERTAKER IL WELL K HENEN G.	24. Was disease or injury in any way related to occupation of deceased?
No. 1	(Address) Salvalulu, 701	If so, specify
S. B	20. FILED Apr 10, 31. V. May Turner	(Signad) Bearles M. J. Score M. D.
7	Registrar.	(Address) Sales Leng Zeng
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes/	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAT 6 183	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	110	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBATT	July 5, 1927	Peritonitis	3 days ago
•		-		
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example ICE IV		Example II	
The principal cause of death and related causes of importance were as follows: MAY 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BO RAU V.	\$ .1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5;1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	05065 STATE OF MARYLAND
County We verse	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City alishury Hild Ve	4. I leil. Herry Mouth Documed in
vinage of City	wart a honital or institu- tion, give its NAME Is -
2FULL NAME Seastly lang	and of street and work and and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH 4 - 29 - 1081
Towale Wheels OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan, 25, 1924	1-25- 1931. to 4-29= ,1931,
(Month) (Day) (Year)	that I last saw hor alive on 1-29-, 1931,
7 AGE . If LESS than	and that death occurred on the date stated above, at
yrs. 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Mus y My Maria G
(a) Trade, profession or particular kind of work	Page 14
(b) General nature of industry	y cumus
business, or establishment in which employed or (employer)	(Duration)dede.
9 BIRTHPLACE	Contributory
(State or country) a,	(Dention)ds.
10 NAME OF FATHER 10.00	(Signod) M. D. Mreg M. D.
II BIRTHPI ACE	H 25 198/ (Address) Leady Sel
OF FATHER	*State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
Z (State or country)  12 MalDEN Name	Accidental, Suicidal or Homicidal.
of Mother & socia Glarshall	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of deathyrs mos ds In theyrs mos ds.
. (State or Country)	Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) U P voltages	usual res.dence
11 Amy 1000 Hours	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Jalwood Jay 1, 1931
Filed age 29 193/. L. May Junes Registras	20 WINDER Johnson Pulcoly
If more blanks are needed, addre.s itate Kegistrar	, 13 W. Saratoga St., Bulto., Requesting V. S. No. 1.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without nowe parent coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (r) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

s, inal meningitis"); Diphtheria (avoid use of "Croup ed term for the same dise.se. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhcid Pneumonia") to time and causation), using always the same acceptpneumonia, Bronchopaeumonia ("Pneumonia,

> "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) American Medical Association.) approved by (Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic " "Old Age, " "Shock," etc. The contributory affection need valvular heart disease; Nomenclature Always qualify all not be

permanently filed. anguered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF, DEATH plnods Registration Dist. No in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Ward (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) (Year) Month? 5a. ff married, widowed, or divorcad HUSBAND of CERTIFY. That I attended deceased from 22. (or) WIFE of ertificate 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years to have occurred on tha data stated abova, et Months I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back 9, industry or business in which plnods work was done, as SILK MILL, CUP SAW MILL, BANK, etc ... 11. Total time (years) spent in this 1D. Data deceased last worked at this occupation (month and that occupation ... vear) \_\_\_\_\_ instructions Other Contributary Causes of Importance 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Neme of operation 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? .... MOTHER 15. MAIDEN NAME very important. 23. If death was due to external causes (VIOLENCE) filf in also the following: 16. BIRTHPLACE (city of town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF 18. BURIAL. Manner of injury -WRITE CAUSE mation LION 24. Was disease or Injury in any way raisted to occupation of decaasad 19. UNDERTAKER (Address) ff so, specify (Signed) Registrar. (Address) .... If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
At the second se	1921	Run over by street car	1 week ago
Cerebral hentorrhage MAY 8 1931 Jul	y5,1927	Peritonitis	3 days ago
RUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Ma	y 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH  County Wicomico	STATE OF MARY
WITHIN WARRING CO. LINCOLD AV	(23) Registration Dist. No
Village or City Sallabury (No. 20 2FULL NAME Richard &. R	99 Cypross St.: 9 Ward) (If d a hostion, stead number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  April 4  (March) (Day
6 DATE OF BIRTH  Quant 3, 1902	TO HERBY CERTIFY, That I attended to
(Modh) (Day) (Year	an and that death occured on the date stated above,
a occupation (a) Trade, profession or 7	" acute Phthinical
particular kind of work Jeweher of Business of business, or establishment in which employed or (employer)	(Duration) yra
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary
10 NAME OF FATHER James H. Roberts	(Signed) Servel (Address) Sale
OF FATHER  (State or country)  Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, ir Violent Causes, state (1) Means of Injury ar Accidental, Suicidal or Homicidal.
of MOTHER Mary E. Waters	13 LENGTH OF RESIDENCE (For Hospitals, In
13 BIRTHPLACE OF MOTHER (State or country)  Maryland	At place of death yis nos ds. In the State yi
(Informant) Mrs. Mary Roberts	if not at place of death? Former or usual residence
(Address) 299 Cypress St., Salisbury 7	19 PLACE OF BURIAL OR REMOVAL DAT
15 Filed agr. 4 103/. V. May Turner	Tourson term up
Registra	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAMF in-stend of street and number.)

• • •	
1	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH April 4, 1431
	(Year) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	apr 1, 13/ 10 april 4, 131
	that I last saw herialive on april 4 , 132
	and that death occured on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	And DHI.
	Wells Thencel freu-
-	mones
	(Duration)yrs
	Contributory
1	
	(Signed) M. Demoly M. D
	Apr. 4 198 (Address) Salistung me
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) The her Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of death yis nos. ds. State yis nos de
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Mouston em Upr. 7, 1931
	1 402 E. Church St
	Manager I District 1900 mg

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health fulness of various pursuits can be known. The question applies to each and every person, irrespective of Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Doul-Spinner, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed whatever, write Nonc. Foreman, (b) Automobile factory. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation Locomotive engineer, not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("erchrospanal fewer" (the only definite synonym is "Epidemic cerebrosianal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"; Lobar pressnowia, Bronchopneumonia, "Pneumonia, "see Typhoid Pneumonia, "see Typhoid P

inges, perilonaeum, etc., Carcinoma, Sarcona., etc., of unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase causing Whooping cough; Chronic Chronic interstitial nephritis, tions, such as "Asthenia," "Anaemia" (mcrely symptom-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all State cause for which surgical operation was underdiseases or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death approved by American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary); resulting from childbirth or miscarriage as Committee qn for malignant neoplasme); Meusles; Chronic valrular heart etc. The contributory affection need not be Nomenclature of the discuse;

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wilemico	CERTIFICATE OF DEATH
	on Introduction Registration Dist. No. 333
Village or City Valustry (No. Sa 2FULL NAME Wood Sho	New St.: 3 Ward) (If death occurred I a hospital or institt tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, Worker (Write the word)	16 DATE OF DEATH Check / 3, 193/
February 5, 1867  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 25, 1931. to Africa 3, 193  that I last saw h 197 alive on Africa 13, 193
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at 1050, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Painter	Pulmary tutualoris
(b) General nature of industry businesa, or eatablishment in which employed or (employer)	(Duration) 3 yrs. mos de
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Durstion) 7 yrs mos de
10 NAME OF FATHER Zach Shores	(Signed) Charles & Steenken M. C. april 13, 1931 (Address) Tobrecel per fondon
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos 20 ds, State rs mos d
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Sales busy. Me
(Informant Otic W. Shows (Address) 6 Broad S. Sabitany Hy	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELAND SAND DATE OF BURIAL DELAND SAND DATE OF BURIAL DIPLIES 15, 1931
Filed apr 1419231. U-May Turne Registrar	Holloway + 6 Salistury Ad
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Galto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Stationary fireman, etc. But in many For persons who have no occupation .,""Deal-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Plumler, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, nature of the business or industry, and therefore an Spiener, en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully embe used only when needed. As examples: (a) Farm lahorer, (b) Cotton mill; (a) Salesman. without more precise specification as Pay who are engaged in the duties of the For persons who have no occupation (b) Automobike factory. The Laborer-Coal mine, etc. Wom-Locomolive engineer, (6) material Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilongeum, etc., Carchonna, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tubcrculosis of lungs, menstated unless important. Example: Measles (disease (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasum; Mendes; tions, such as "Asthenia," "Anaemia" (merely symptomcausing "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Hacmorrhage, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Old Age,
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underor as probably such, if impossible to determine definitely. lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of approved by American Medical Association.) "Atrophy," "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; "Marasmus," "Old Age," "Shock," Committee on Chronic etc. The cont Nomenclature of the The contributory nced not discuse;

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MAY 2 1933 BUREAU V

(Approved by U. S. Census ɛnd American Fublic Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report household only worked on may form part of the second statement Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-(b) Automobile factory. The materia (not paid Housekeepers who receive a (b) Grocery,

Statement of Cause of Death—Name, first, the DIE, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros in in al menin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

(Recommendations on statement of cause of death -American Medical Association.) "telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles ; not be

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or given up on account of the DISPASE COUSING PRACTI state occupation at begin ing of illness. If retired from business, that fact may be indicated thus: Further tre-tired 6 yrs). For persons who have no occupation should is used only when needed. As examples: (a) cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questo report specifically the occupations of persons en-guged in domestic service for wages, as Normy, Cook, Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile feetery. Spinner, (b) Cotton additional line nature of the business or industry, and therefore an Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter tion applies to e.ch and every cupation Statement of Occupation -Precise statement of ocwhatever, write None. ployed, as At school definite salary, may be entered as Housewife, House household only anot paid Househorgers who receive a en at home, laborer, Never return "Laborer," "Foreman." "Mannger." "Dealworked on may form part of the second statement Civil engineer, For many occupations a single word or term on or At Home, and children, not gainfully em-i, as At school or At hom. Care should be taken Farm labor r is very important, so that the relative healthwithout more precipe specification as who are engaged in the duties of the is provided for the latter statement; it Stationery Labore - (orl mine, etc. Wom-Archi'ect, fireman, et .. person, irrespective of The materia But in engineer. many Day

Statement of Cause of Death—Name first, the parease CAT and DEATH the primary affection with respect to time and cauration, using all as the amorate epited term for the same does a Example (crebrospical fever (the only definite symptomy); "Indemis celebrospinal meningitis"; Lithier and the Pheumonia"); Typhoid fever never report "Typhoid Pheumonia"); Lobar pneumonia, Brown pheumonia ("Pneumonia");

as fracture of skull, and one guences (e.g., sepsis, tetanus) may be stated under the head of 'contributory." (Recommendations on statement of cause of death approved by Committee on Nomench ture of the "Debility" ("Congenital," "Senile," etc., "Drepsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association. carbolic acid - prot it y a ucida. accident; Render and a of lord homicide; and qualify as ACCIDENTAL, SUICIDAL OF HOLHCIDAL, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as 10 ds. causing death, 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite; Tuberculosis of lungs, mentaken. FOR VICLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL stylice mia." "Uruemia," "Weakness," etc., when a definite disease (secondar/ Chronic interstitial Whooping cough; Chronic Examples: Accidental Programy; Struck by railway train-Never report mere symptoms or terminal condior intercurrent) nephritis, "PUERPERAL perilonitis," The n ture of the injury, etc. affection The contributory heart need Measles; disease; not be elc.

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BINDING

FOR

RESERVED

MARGIN



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY B 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUBLAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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should be used only when needed. tired 6 yrs). additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy laborer, Form laborer, Loborer—Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf whatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation 6 Automobile factory. The materia. Locomotive engineer, As examples: (a)

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,"

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PLACE OF DEATH	STATE OF MARYLAND
County Te icomico	CERTIFICATE OF DEATH
	Registration Dist. No. 33
Village or City Salisherry Ind (No. Peninsula	General Hospital: 13 Ward) (If denth occurred in a hospital or institution, give its NAME It stead of street and
2FULL NAME MV Sidney	Waller stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, unknown OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to april 13, 1931.
7 AGE / LESS than I day hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry	Culs such + auples (Sucode)
business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country)  Unknown	Contributory Hunseley & Auflebage (Dureton) yrs, Auflebage
10 NAME OF FATHER Unknown	(Signed) M. D.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother unknown	IB LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Tunknown	At place of deathyrsmosds. In the Stateds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, funcion and the state of dea h?
(Informant) Peninsula General 7 ospital	Former or usual residence Primies Rose mel
(Address) Lalislavy md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ourselve Med Cafeel 14, 1981
15 Filed agre. 13 19231. D. May June	20 UNDERTAKER ADDRESS  Paneiro ame hue
If more b.anks are needed, address atate Registrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, first line will be sufficient, e.g., Farmer or Planler, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on (b) Collon mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebrosinal mexingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senilc," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature need " Shock," not be

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1	- UDU40
PLACE OF DEATH	STATE OF MARYLAND
County Wie Willes	CERTIFICATE OF DEATH
County	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Dales very (No. Mary and	_ Ju - Jour 5 wy thro (If death occurred in
2FULL NAME Done EROSI.	a bospitul or institu- tion, give its NAME in- stend of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
Touche Col. WIDOWED. OR DIVORCED (Write the word)	1925
	(Month) (Day) (Year)
6 DATE OF BIRTH	We will be all the deceased from
1, suransul	1925 (to
(Month) (Day) (Year)	that I last saw h le alive on 1923
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	phond leave
BOCCUPATION (a) Trade, profession or	
particular kind of work	**************************************
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) Myss mos de.
	Contributory Yesholisi
9 BIRTHPLACE (State or country)	Secondary (Duration) vis Judden de
10 NAME OF	OM LO
FATHER Levis & Mist.	(Signed)
11 BIRTHPLACE	4/10 193/ (Address) Julian Leave
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from
ш	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER yaq are Rounds	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place
OF MOTHER (State or Country)	of deathyrsmosds. Statemosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contrected, poscesto to hull
as Palend Marilel	Former or usual residence Monustan Co. Med
(Informant) Ten Tent Wefulat	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salesbury, Mid.	Snow Hill Med apr 12,31
15 0. 10 21 1/2.	20 UNDERTAKER ADDRASS
Filed Upr. 1923 . May Junes. Registras	William & Williams Snow Hill
If more banks are needed, addre.s tate hegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Joo. 1.
	7

(Approved by U. S. Census and American Fublic Health Association.)

tircd 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefere an Civil engineer, Physician, Compositor, Architect, laborer, worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart Langue," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "IIaemorrhage," st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Whooping (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PL.

V. S. No. 1

N. B.-

11		05076
	PLACE OF DEATH	STATE OF MARYLAND
	County // leomer	© CERTIFICATE OF DEATH
	WITEIR PREFERENCE SINCE MY	Registration Dist. No. 333
cate.	10,000	hington St.: 13 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
certificate	2FULL NAME Lill tom to but	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
раск от	SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DI	16 DATE OF DEATH  (Month)  (Day)  (Year)
s on	Cepil 5, 1931	17 HEREBY CERTIFY, That I attended the deceased from
struction	(Month) (Day) (Year)  7 AGE    If LESS than   1 day   hrs.	and that death occurred on the date stated above, at
200	a OCCUPATION (a) Trade, profession or particular kind of work	fremature furth
mportant	(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Alead in Mes. ds.
M IS Very	10 NAME OF FATHER Payment White  St 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
2.	12 MAIDEN NAME Juce Shows	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
	(Informant)	Former or usual residence.
	(Address) Salistery Jul	James 16 Date of Burial Ages. 9, 1931
	Filed apr. 7 19231. D. May Junes Registrar	20 UNDERTAKER acting Salisbury, In
	If more bianks are needed, address State Registrar.	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write Nonc. business, that fact may be indicated thus; Furmer (to state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The queshousehold only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term or Form laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer--Coul mine, etc. Wom-Locomotive engineer (6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify al "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," "E:haustion," "Heart failure," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; " "Weakness," etc., when a definite disease or intercurrent) affection need Chronic valvular heart disease; ncphritis, etc. The contributory and consequences (e.g., sepsis, Nomenclature "Haemorrhage," Mcasles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY a so	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	4.1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAT	July 5,1927	Peritonitis .'	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN